

HOME LIFE OF THE PUPIL NURSE. IDEAL AND EXISTENT CONDITIONS.*

By LOUELLA L. GOOLD

Graduate of the Mary Hitchcock Memorial Hospital, Hanover, New Hampshire;
Superintendent of Nurses, Fannie Paddock Memorial Hospital,
Tacoma, Washington.

OF existent conditions in nurses' homes, as a whole, I do not feel qualified to speak. My knowledge is limited. I know the conditions as they were in my own school home; and as they are in the Fannie Paddock Hospital, Tacoma, and in one or two other institutions. The rest I know only from hearsay.

I think, however, that we find the same things true in the home life which we find everywhere else in the sphere of nursing affairs. Our profession as it exists to-day is comparatively new; and hospitals, training schools, lives of individual nurses, are all,—if not exactly in a chaotic state,—at least of great diversity; and few of them are up to the standards we consciously or unconsciously hold.

Since this subject was assigned to me, I have tried to gather some facts from nurses with whom I have talked, and what I have learned as to the impression which their home life left upon them might constitute an essay on "*What the home life should not be.*"

It is not good educational method to lay stress on the "Don'ts." So leaving that part of the subject alone, let me try to give you a picture, possibly somewhat ideal, of what the home life might be made to nurses in training.

Last winter I read a very helpful article, by Miss Snively, I believe, which spoke of the tremendous demands made upon our training schools. What other profession open to women of the ability, education, and attainments of the average applicant tries to do so much in the given time? We take the crude, awkward, inexperienced girl, and endeavor to send her out perfected in the technique of her profession, and a dignified, well-poised woman, able not only to prepare for an operation in a private house, but to adapt herself to the conditions she finds there, whether it is a home of wealth or of poverty. Not only must she have her own code of morality, but she must know and understand the ethics of her profession. Not only has she to earn her own living, but she

* Read at the Eleventh Annual Convention of the Associated Alumnae, San Francisco, May 6, 1908.

must help to solve the vexed problem of providing skilled care for the laboring man and his family. She must bear her part in county and state organizations. She must have that perception which enables her to comprehend the state of the mind in her patient, man, woman, or child, and minister to the needs of the mind as well as to those of the body.

A great deal to ask, is it not? And yet each June sees class after class leaving our schools confident of their ability, and bravely undertaking the problems and successfully coping with them.

So often we hear the complaint "the long, the too long hours of duty for pupil nurses," and yet there is so much to be taught that it often seems to me that not one hour of the precious time ought to pass without its lesson.

For the ideal home life there are, as I view it, two salient features. First, a proper building. Nurses have been and still are, too frequently, housed in the hospital building. The disadvantages of this are so obvious that comment is unnecessary. The only excuse for it is less financial outlay.

The second great need, one which cannot be emphasized too strongly, is that of a matron, or more correctly speaking, a house-mother. Such a woman as I have in mind for this position is undoubtedly rare. The ideal falls little short of perfection, I know, but you will agree that it has, now and then, been realized in one who by birth, training, education and experience is in every way entitled to that much-abused, and commonly misused designation—lady.

I shall consider the home life for our pupil nurses under three heads: physical, mental and spiritual.

First, physical. We must give them every bodily care. We shall not have bright minds, we shall not have cheerful dispositions in poorly cared-for bodies. So first let us see that our pupil nurse is well housed. For some reasons the model arrangement of the home is the individual bedroom. Some hours of solitude belong to each one of us; and I have heard many a nurse say that one of her greatest trials during her probation was the constant forced companionship of fellow pupils. On the other hand, some of us look back with lasting joy on a friendship which began the day we were introduced to our roommate.

Rooms should never have more than two occupants, and a careful provision should be made for the preservation of individual rights. A community bureau with three drawers and two sets of toilet articles scattered over its top has been a fruitful cause of dissension. Let each pupil have her own bed, her own bureau, washstand and wardrobe. I am convinced that one of the besetting sins of nurses is the borrowing habit,

and this often begins in training-school days. The pupil nurse should learn from the first the difference between mine and thine. Her roommate's clothes and toilet articles should be as secure as though a locked door were between. This may seem a too harsh arraignment of a bad habit, but a "borrowing nurse" may have the name changed to an uglier one when she borrows from a patient.

Most of our training schools require that the pupil nurse shall keep her own room in order. This is right, only let it be made as easy as possible. Provide each room with broom, dustpan and dustcloths. If the nurses are to mop the floors, see that mops and pails, hot water and soap are conveniently at hand, if not at all times, at least on specified days. A scrap basket is also a help to a tidy room which should not be overlooked.

Shakespeare's advice concerning clothes—"Costly thy habit as thy purse can buy"—may be applied to the furnishing of the room. *Let it be simple.* I am preaching to my girls the Matthew Arnold doctrine of *the beauty of usefulness*, and trying to keep them from filling their rooms with pictures, post-cards and souvenirs of all occasions, the terrible fishnet and its possibilities, the multi-colored sofa pillow, and the college pennant. Many a pupil nurse fails to get the rest and relief she needs from her hours off duty, and does not realize until she is taught that nerves do not relax well in a room that is crowded and littered with numerous ornaments. There is rest in clear open spaces, in simple lines and quiet colors. When she learns that for herself, she will use it to advantage with her patients.

Bathrooms are still a luxury to some people. Our pupils will sometimes be called to cases amid that class, but to the nurses' home the bathroom is a necessity. Make it at least as easy for the nurse to bathe herself as to bathe her patient. What is the use of teaching her the germicidal, antiseptic value of ordinary soap and water used copiously on the human body, if she is compelled to go on duty with only a *dab* of water applied to her face and hands because there is but one bathroom for fifteen girls, and only a half hour in which to use it?

The modest speaker called to express his views upon a given subject is wont to say, "So much has been said, and so well said, that really I must be excused." That is about the way I feel when the subject of food for nurses is under discussion. Abuses there have been, and are. This we all know. Would it not be well if there were a little more of the "put-yourself-in-her-place" feeling among those who have the ordering of the nurses' table? Nurses are supposed to be women of refinement. We like to draw our probationers from homes of culture. And

yet women of this kind, engaged in work that is often nauseating and repellant, many times sit down to ill-appointed tables, poorly chosen, poorly cooked and poorly served food. Appetites grow capricious often in this work of ours, and the omnipresent cabbage, corned beef and prunes may be "cheap, nutritious and filling," but they are little else.

Concerning exercise for the pupil nurse I wish to say a few words. The average nurse, it may be said, gets plenty of exercise. And of certain kinds of exercise it may be true. But there is still need for another kind of exercise which shall bring with it recreation.

I remember going over one night to our nurses' home when I felt almost "too tired to move." Some one was playing a most enticing waltz, a partner stood waiting, and after circling around the room a few times my tired feet felt like new.

Every home should have a big, bare assembly room ready at all times for dances, games, or gymnasium work. A bowling alley is very desirable. Basketball is just as good for nurses in school as it is for college girls. If no better arrangement can be made, the Y. W. C. A. in your city will plan an evening class, and you will find that a course in Swedish gymnastics and Gilbert dancing will be both interesting and profitable.

If I have seemed to give indoor exercise the first place, I would not be misunderstood as meaning it to be in preference to, or a substitute for, out-of-door exercise. Walking is especially valuable because it not only brings into play all the muscles of the body, but gives recreation to the mind through the constant change of scene. Lawn tennis courts and croquet grounds also encourage the love of fresh air.

The connection of the physical side of the home life with the mental aspect is close. Properly cared-for bodies generally mean healthy minds. Good work in the class is one of the first aims and is in no small measure dependent upon the life in the home. If the nurses do not have individual bedrooms, there should be a study room, or better yet a library, with tables properly lighted near shelves filled with reference books, and provided with pens and paper ready for use. Let this room have the real library atmosphere which no more permits loud talking or other noise than does the stillness of a church.

The different nursing journals should be kept on file in this room showing what the profession has done and is doing, and what it expects of those who enter upon it.

The social life of nurses in training must of necessity vary widely with the location, and in some instances with the church relation of the school. It needs careful thought and constant supervision. It must

fill only a certain time and place. It supplies a real need. Without it we are apt to have nurses who can only talk "shop." But it must not be allowed to distract the mind from the real work of the training school. Personally I regard dancing, card-playing and theatre-going, in moderation of course, as not only permissible but advisable. The school with which I am connected, though under the control of the Episcopal Church, in no way forbids these amusements. Other schools do, I know, and in these other forms of amusements should be provided.

Women of the age of those in our training schools will certainly have men friends. I cannot say too strongly how much I disapprove of the custom of positively forbidding calls from these men which obtains in some schools. I think I know the American girl well enough to say that if she does not see her men friends with the permission of the training-school authorities, she will see them without permission. Encourage the pupil nurses to make their friends known to you and to their fellow pupils. It may increase their attachment to the school. It may help them in their choice of friends. It will almost certainly enable you to understand them better.

I have left until the last the most important of the three aspects of the home life, the spiritual influences with which we must surround these women. Nursing is a profession of ideals. We shall never successfully nurse the diseased body until we see within it the suffering soul. There is splendid promise in the women who enter our training schools. Rarely do I talk with a would-be probationer who does not reveal a very real desire to take up the work because she sees in it a way of doing good, and of being of service. Let us be so careful all through her training that we do not smother that feeling, but rather intensify it. There are many means of help. The morning chapel service with its hymn and prayer starts the day right and becomes in after years one of the precious memories of the school. And again, more might be done in most hospitals to **make** it possible for the pupil nurse to keep up her church relationships, by the regular attendance upon the services of the church.

Before closing I wish to give my tribute of thanks to Dr. Cabot for his address "Foregrounds and Backgrounds in Work for the Sick." A copy of this address should be owned by every nurse. I intend to read it to every junior class which I have the privilege of teaching.

It is good to see and hear more written and said about the ethics of our profession. We so often criticise and hear criticisms upon nurses because of some violation of the code, but I really believe the causes for censure come oftener from lack of knowledge than from intention or

carelessness. Do not take it for granted that what is ethically right will be done intuitively. We draw our recruits from too varied sources for that. Class instruction will do much, but more can be done through precept and example in the home life.

Keep the aim high. Help the pupil nurse to realize that she has chosen a most exacting life work, but one that gives the widest outlook, and the largest opportunity for helpfulness open to a woman.

MANIFESTATIONS OF DELIRIUM IN THE NIGHT-TIME *

By EMMA A. HAWLEY
Lakeside Hospital, Cleveland, Ohio

It is an accepted fact that any individual suffering from disease, who is subject to delirium, will, almost without exception, give more evidence of that delirium during the hours of the night. Even though this be true, it is not a common experience for a nurse-in-training at the present time to come in contact with delirious patients at night, unless she has had a long experience on the medical wards. Nor is delirium found there in as many patients, or in as acute forms, as it was several years ago, due, undoubtedly, to the advances made in the treatment of the various diseases, as in typhoid fever, pneumonia, etc., which prevent its development.

Taking our definition of delirium to be mental deviation from the normal, due to disease, we shall consider first that found in the medical diseases.

Some patients will run a course of disease with high temperature and complications and show no signs of delirium, even at night, while others, with a much lower temperature and an apparently smooth running course, will, during their sleeping hours especially, become quite delirious.

Nurses-in-training probably see more delirium in typhoid fever and pneumonia than in any other disease. With the ordinary delirium of the typhoid fever patient, the first symptoms are usually noted some night during the end of the second week, at the height of the disease. On previous nights he has been very listless and apathetic, being roused with difficulty for his nourishment, but his symptoms have been no

* This paper was awarded the prize offered the pupils of the school for the best paper on this subject.